



STATE OF CALIFORNIA
CHECK CASHER INFORMATION REPORTING MS A181
FRANCHISE TAX BOARD
PO BOX 460
RANCHO CORDOVA CA 95741-0460

Waiver Request Form

Use this form to request a waiver from reporting check casher transactions in 2006 calendar year. Waiver requests must be postmarked no later than April 2, 2007. If we approve your 2006 calendar year reporting waiver request, you are expected to report your information in 2007. Generally, we will mail or fax you an approved copy of your waiver request for your records within 45 days of the date we receive it.

Part I Check Cashier Information			
1. Business Name	2. FEIN	3. SEIN	4. DOJ Permit Number
5. Street Address			6. Suite Number
7. City	8. State		9. Zip
10. Telephone Number			11. FAX Number
Part II Waiver Request (Check the appropriate box.)			
<p>12. I request a waiver from reporting the required transactions for 2006 due to the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> I am unable to report the required transaction information due to inadequate computer resources.<input type="checkbox"/> I am unable to report the required transaction information because I was unable to make the necessary modifications to my existing system in time to comply with the 2006 calendar year reporting requirements. <p>Note: Even if a waiver is granted for information reporting for 2006, I agree to maintain the data for five years.</p>			
Check Cashier Transaction Information (Complete the following questionnaire)			
<p>13. Approximately how many of your customers presented checks in the calendar year 2006 which totaled over \$10,000?</p> <p>1 – 100 101 – 250 250 – 500 More than 500</p>			
Authorized Representative			
Under penalty of perjury of the laws of the State of California, I declare that I have examined this form, including any accompanying statements, and to the best of my knowledge and belief it is true, correct, and complete.			
Name (Please print) _____		Title _____	
Signature _____		Date _____	

Please contact our call center if you have any questions about information reporting.

Telephone: (916) 845-6304
Fax Number: (916) 845-0412
Email Address: IRPhelp@ftb.ca.gov
Hours of Operation: 7 a.m. to 4:00 p.m.

Mail to:
CHECK CASHER INFORMATION REPORTING MS A181
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812-1468